06-06

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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/891,206	06/26/2001	Nigel D.		Atherton	20342/0202324-US0	9337
TITLE OF INVENTION: TREATMENT OF BONE DISEASES 02/07/2006 WABDELR3 00000045 09891206 01 FC:1501 1400.00 0P						
02414111344E	SMALL ENTITY 300	00 OP ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	02/02/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
PAK, JOHN D		1616		424-617000		
 Change of correspondence address or indication of "Fee Address" (3. CFR 1.363). Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec. 11/16/01 R/F: 012310/0341 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Shire Holdings AG Zug, Switzerland						
Please check the appropriate assignce category or categories (will not be printed on the patent): Individual XX corporation or other private group entity Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
XX Issue Fee XXA check in the amount of the fee(s) is enclosed. \$1700.00 XX Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
` _ `				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $(1.00 - 1.00)$ (enclose an extra copy of this form).		
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5. Change in Entity Status	`	•	□ h Applie	cant is no longer claiming SMA	ALL ENTITY status See 37 C	FR 1 27(a)(2)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature	Shelly of	$\hat{\sim}$		Date	cloury 2, 2006	,
Typed or printed name	Shelly M. F	ujikawa_		Registration	¹ No. <u>56, 190</u>	
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